
Enhanced Perinatal Surveillance in Louisiana

Background

Expanded Perinatal Surveillance (EPS)

- Funded by CDC beginning in 1999
- Medical record abstraction for all HIV-exposed babies born since 1999
- Follow-up of all HIV-exposed babies to ascertain infection status
- Birth registry match to ensure completeness
- In Louisiana from 1999-2001, abstractions on 432 babies have been completed

How have EPS data been used?

- To evaluate the state's perinatal prevention programs
- Perinatal working group
- Annual and regional reports/epi profile
- Provider education
- Perinatal summit
 - collaboration between staff from prevention, services, surveillance, and medical providers

EPS - Strengths

- Detailed information not routinely collected on standard case report form
 - Ex: prenatal care history, antiretroviral history, use of rapid testing, mother's substance use
- Allows for targeted interventions with providers and medical facilities
- Information obtained from multiple sources
 - prenatal care, hospital, and pediatrician records

Challenges in Using EPS Data for Evaluation Purposes

- Timeliness - ability to use data for “real-time” interventions
- Completeness - records are not always available, babies lost to follow-up
- Small sample size - difficult to look at regional trends, subgroup analyses
- Data quality issues - consistency among data abstractors

EPS Data Used in Perinatal Working Group

Region	Date of Mother's Test	Timing of Mother's Test	Status noted in PN record	ARV during pregnancy	ARV at Labor/Delivery	ARV during neonatal period	Why no ARV?	Inadequate prenatal care?
1	8/12/1999	before	Y	Y	Y	Y		
1	10/1/2000	before	Y	Y	Y	Y		
2	1/4/2002	during	Y	Y	Y	Y		
2	11/13/1999	after	N	N	N	N	mother tested late	no prenatal care
3	2/4/2001	during	Y	Y	Y	Y		
4	4/9/2001	L/D	N	N	N	Y	mother refused	only one visit

HIV prevalence among African-American women giving birth in the Baton Rouge region

